

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

APPLICANT(S) _____

FILING DATE _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	1					
4	1					
5		1				
6		1				
7		1				
8		1				
9		1				
10	1					
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13	1					
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38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.	26					
TOTAL DEP.	35					
TOTAL CLAIMS	61					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1	1				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						